

CRN 01-09-10-1583

Athens-Clarke County Police  
INCIDENT REPORTPage 1 of 4  
ORI - GA0290100  
Revised 0900

Press Hard - Multiple Copies

Press Hard - Multiple Copies

From Date 10-22-09	From Time 1120	To Date 10-22-09	To Time 1127	<input type="checkbox"/> Complainant <input type="checkbox"/> Victim No. <input type="checkbox"/> Witness No. <input type="checkbox"/> Desires Personal Information Not Be Released	Premise Type <input type="checkbox"/> 1. Highway <input type="checkbox"/> 2. Serv. Station <input type="checkbox"/> 3. Conv. Store <input type="checkbox"/> 4. Bank <input type="checkbox"/> 5. Commercial <input checked="" type="checkbox"/> 6. Residence <input type="checkbox"/> 7. School/Campus <input type="checkbox"/> 8. All Other	Case Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Arrest-Adult <input type="checkbox"/> Arrest-Juv. <input checked="" type="checkbox"/> Ex. Cleared <input type="checkbox"/> Unfounded
Department Title Most Serious Criminal / Traffic / Ordinance Offense. See Table.				Zone 14	<input type="checkbox"/> Downtown <input type="checkbox"/> AHA	Status Date 10-22-09
Incident Location - Common Name INFORMATION				Address: No., Dir., St., Suffix, Apt 265 JOHNSON DR.		
<input type="checkbox"/> Alcohol Related <input type="checkbox"/> Type Of Drugs <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Drug Related <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Synthetic Narcotic <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown Form:				Solvability Factors: <input type="checkbox"/> M.O. Present <input type="checkbox"/> Physical Evidence <input type="checkbox"/> Property Traceable <input type="checkbox"/> Witness		Suspect Can Be: <input type="checkbox"/> Named <input type="checkbox"/> ID <input type="checkbox"/> Located <input type="checkbox"/> Described <input type="checkbox"/> Vehicle ID
Complainant Information <input type="checkbox"/> Juvenile <input type="checkbox"/> Victim Last: PASQUALETTI First: [blank] Middle: [blank] Suffix: [blank] Address: No., Dir., St., Suffix, Apt ACCPD City, State: Athens, GA Zip Code: 30605 Phone: Home [blank] Work [blank] Race: <input type="checkbox"/> M <input type="checkbox"/> F DOB: [blank]				Offender 1 Information <input type="checkbox"/> Juvenile Last: [blank] First: [blank] Middle: [blank] Suffix: [blank] Address: No., Dir., St., Suffix, Apt City, State: Athens, GA Zip Code: [blank] Home: [blank] Work: [blank] Cell/Pager: [blank] Race: <input type="checkbox"/> M <input type="checkbox"/> F DOB: [blank] Alias/Street Name: [blank] Employer: [blank] Occupation: [blank] <input type="checkbox"/> County Resident <input type="checkbox"/> Student <input type="checkbox"/> School OLN: [blank] State: [blank] Height: [blank] Weight: [blank] Stranger To Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other Hair Color: <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper <input type="checkbox"/> Other Offender's Vehicle Description: [blank] Vehicle Searched: [blank] Tag: [blank] Year: [blank] State: [blank] Veh. Year: [blank] Make: [blank] Model: [blank] Style: [blank] Color-Top: [blank] Color-Bottom: [blank] <input type="checkbox"/> Incident Recorded <input type="checkbox"/> Hand cuffed Tape No. [blank] <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.		
Victim Information <input type="checkbox"/> Juvenile <input type="checkbox"/> State Of GA <input type="checkbox"/> A.C.C. Last: GARDER First: DAVID Middle: [blank] Suffix: [blank] Address: No., Dir., St., Suffix, Apt City, State: Athens, GA Zip Code: [blank] Home: [blank] Work: [blank] Cell/Pager: [blank] Race: <input type="checkbox"/> M <input type="checkbox"/> F DOB: [blank] Alias/Street Name: [blank] Employer: [blank] Occupation: [blank] <input type="checkbox"/> County Resident <input type="checkbox"/> Student <input type="checkbox"/> School <input type="checkbox"/> Can ID Suspect <input type="checkbox"/> Will File Charges <input type="checkbox"/> Medical Treatment Hospital: [blank] Type / Extent Of Injury: <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Threats				Incident / Offense 1 Code Section <input type="checkbox"/> Attempted <input type="checkbox"/> Committed Title: INFORMATION Assault Factors: <input type="checkbox"/> Assault <input type="checkbox"/> Theft <input type="checkbox"/> DV <input type="checkbox"/> Sexual <input type="checkbox"/> Mental Subject <input type="checkbox"/> Hate Crime <input type="checkbox"/> Unknown Weapon Type: <input type="checkbox"/> Gun <input type="checkbox"/> Other <input type="checkbox"/> Knife/Cutting Tool <input type="checkbox"/> Hands/Fists/Etc. Weapon Description: [blank] Offense Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Ex. Cleared Involved Suspect No.(s) [blank] Victim No. (s) [blank] Murder Circumstance: [blank]		
Witness 1 Information <input type="checkbox"/> Juvenile Last, First, Middle, Suffix Address: No., Dir., St., Suffix, Apt City, State: Athens, GA Zip Code: [blank] Phone: Home [blank] Work [blank] Race: <input type="checkbox"/> M <input type="checkbox"/> F DOB: [blank]				Incident / Offense 2 Code Section <input type="checkbox"/> Attempted <input type="checkbox"/> Committed Title: [blank] Assault Factors: <input type="checkbox"/> Assault <input type="checkbox"/> Theft <input type="checkbox"/> DV <input type="checkbox"/> Sexual <input type="checkbox"/> Mental Subject <input type="checkbox"/> Hate Crime <input type="checkbox"/> Unknown Weapon Type: <input type="checkbox"/> Gun <input type="checkbox"/> Other <input type="checkbox"/> Knife/Cutting Tool <input type="checkbox"/> Hands/Fists/Etc. Weapon Description: [blank] Offense Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest <input type="checkbox"/> Ex. Cleared Involved Suspect No.(s) [blank] Victim No. (s) [blank] Murder Circumstance: [blank]		
Witness 2 Information <input type="checkbox"/> Juvenile Last, First, Middle, Suffix Address: No., Dir., St., Suffix, Apt City, State: Athens, GA Zip Code: [blank] Phone: Home [blank] Work [blank] Race: <input type="checkbox"/> M <input type="checkbox"/> F DOB: [blank]				Incident / Offense 3 Code Section <input type="checkbox"/> Attempted <input type="checkbox"/> Committed Title: [blank] Assault Factors: <input type="checkbox"/> Assault <input type="checkbox"/> Theft <input type="checkbox"/> DV <input type="checkbox"/> Sexual <input type="checkbox"/> Mental Subject <input type="checkbox"/> Hate Crime <input type="checkbox"/> Unknown Weapon Type: <input type="checkbox"/> Gun <input type="checkbox"/> Other <input type="checkbox"/> Knife/Cutting Tool <input type="checkbox"/> Hands/Fists/Etc. Weapon Description: [blank] Offense Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest <input type="checkbox"/> Ex. Cleared Involved Suspect No.(s) [blank] Victim No. (s) [blank] Murder Circumstance: [blank]		
Attached Documents: <input type="checkbox"/> Incident/Offense Continuation <input checked="" type="checkbox"/> Persons Form <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Property / Vehicle <input type="checkbox"/> GCIC <input type="checkbox"/> ABR <input type="checkbox"/> Victim Notification				Incident / Offense 4 Code Section <input type="checkbox"/> Attempted <input type="checkbox"/> Committed Title: [blank] Assault Factors: <input type="checkbox"/> Assault <input type="checkbox"/> Theft <input type="checkbox"/> DV <input type="checkbox"/> Sexual <input type="checkbox"/> Mental Subject <input type="checkbox"/> Hate Crime <input type="checkbox"/> Unknown Weapon Type: <input type="checkbox"/> Gun <input type="checkbox"/> Other <input type="checkbox"/> Knife/Cutting Tool <input type="checkbox"/> Hands/Fists/Etc. Weapon Description: [blank] Offense Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest <input type="checkbox"/> Ex. Cleared Involved Suspect No.(s) [blank] Victim No. (s) [blank] Murder Circumstance: [blank]		
Reporting Officer SPO PASQUALETTI				Emp. No. 626	Report Date 10-22-09	Approving Supervisor [signature] Emp. No. 283

☐ Supplemental Revised 0900☒ Adult

PERSONS FORM

☐ Juvenile

Supervisor ORI - GA0290100

GCIC <input type="checkbox"/> Entry <input type="checkbox"/> Modification <input type="checkbox"/> Removal		NOTE: Adult and Juvenile Must Be On Separate Forms		GCIC <input type="checkbox"/> Entry <input type="checkbox"/> Modification <input type="checkbox"/> Removal					
Person No. <u>2</u>	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect/P.A.	Person No. <u>1</u>	<input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Suspect/P.A.	Person No. <u>1</u>	<input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Suspect/P.A.				
<input type="checkbox"/> Missing Person <input type="checkbox"/> Juvenile Complainant <input type="checkbox"/> Offender		<input type="checkbox"/> Missing Person <input type="checkbox"/> Juvenile Complainant <input type="checkbox"/> Offender		<input type="checkbox"/> Missing Person <input type="checkbox"/> Juvenile Complainant <input type="checkbox"/> Offender					
Last <u>FRANKS</u>	<input type="checkbox"/> BOLO Issued	Last <u>HORN</u>	<input type="checkbox"/> BOLO Issued	Last <u>HORN</u>	<input type="checkbox"/> BOLO Issued				
First <u>SCOTT</u>		First <u>DERRICK</u>		First <u>DERRICK</u>					
Middle <u>ALLEN</u>	Suffix	Middle	Suffix	Middle	Suffix				
Address: No., Dir., St., Suffix, Apt		Address: No., Dir., St., Suffix, Apt		Address: No., Dir., St., Suffix, Apt					
City, State <input type="checkbox"/> Athens, GA	Zip Code	Race <u>W</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	City, State <input type="checkbox"/> Athens, GA	Zip Code				
DOB <u>62</u>	Phone (H) (W) (Cell/Pgr)	DOB	(W)	DOB	(W)				
Witness / Juvenile Complainant Information Complete At This Point		Witness / Juvenile Complainant Information Complete At This Point		Witness / Juvenile Complainant Information Complete At This Point					
Alias/Street Name		Alias/Street Name		Alias/Street Name					
Employer		Employer		Employer					
Occupation		Occupation		Occupation					
<input type="checkbox"/> County Resident <input type="checkbox"/> Student <input type="checkbox"/> School		<input type="checkbox"/> County Resident <input type="checkbox"/> Student <input type="checkbox"/> School		<input type="checkbox"/> County Resident <input type="checkbox"/> Student <input type="checkbox"/> School					
Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person		Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person		Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person					
<input type="checkbox"/> Can Identify Suspect <input type="checkbox"/> Will File Charges/Testify <input type="checkbox"/> Medical Treatment		<input type="checkbox"/> Can Identify Suspect <input type="checkbox"/> Will File Charges/Testify <input type="checkbox"/> Medical Treatment		<input type="checkbox"/> Can Identify Suspect <input type="checkbox"/> Will File Charges/Testify <input type="checkbox"/> Medical Treatment					
Hospital		Hospital		Hospital					
Type / Extent Of Injury <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife		Type / Extent Of Injury <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife		Type / Extent Of Injury <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife					
<input type="checkbox"/> Threats <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse		<input type="checkbox"/> Threats <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse		<input type="checkbox"/> Threats <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse					
<input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Other		<input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Other		<input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Other					
Victim Information Complete At This Point		Victim Information Complete At This Point		Victim Information Complete At This Point					
OLN		OLN		OLN					
State		State		State					
Stranger to Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Stranger to Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Stranger to Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
Hgt		Hgt		Hgt					
Wgt		Wgt		Wgt					
Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green		Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green		Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green					
<input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other		<input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other		<input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other					
Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper		Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper		Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper					
<input type="checkbox"/> Hand cuffed <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.		<input type="checkbox"/> Hand cuffed <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.		<input type="checkbox"/> Hand cuffed <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.					
Offender Information Complete At This Point		Offender Information Complete At This Point		Offender Information Complete At This Point					
Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.		Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.		Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.					
Age Range	Height Range	Weight Range	Hand Use <input type="checkbox"/> Left <input type="checkbox"/> Right	Speech / Voice <input type="checkbox"/> Soft Spoken <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Accent <input type="checkbox"/> Stuttered <input type="checkbox"/> Foreign <input type="checkbox"/> Mute <input type="checkbox"/> Other	Age Range	Height Range	Weight Range	Hand Use <input type="checkbox"/> Left <input type="checkbox"/> Right	Speech / Voice <input type="checkbox"/> Soft Spoken <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Accent <input type="checkbox"/> Stuttered <input type="checkbox"/> Foreign <input type="checkbox"/> Mute <input type="checkbox"/> Other
Facial Hair <input type="checkbox"/> Stubble <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Sideburns <input type="checkbox"/> Bushy Eyebrows	Hair Length <input type="checkbox"/> Bald <input type="checkbox"/> Short (<1/2") <input type="checkbox"/> Medium (<2") <input type="checkbox"/> Med-Long (2"-5") <input type="checkbox"/> Long (down back) <input type="checkbox"/> Very Long (waist+)	Complexion: <input type="checkbox"/> Dark <input type="checkbox"/> Medium <input type="checkbox"/> Fair <input type="checkbox"/> Light	Build: <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Muscular <input type="checkbox"/> Pot Belly	Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Other	Facial Hair <input type="checkbox"/> Stubble <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Sideburns <input type="checkbox"/> Bushy Eyebrows	Hair Length <input type="checkbox"/> Bald <input type="checkbox"/> Short (<1/2") <input type="checkbox"/> Medium (<2") <input type="checkbox"/> Med-Long (2"-5") <input type="checkbox"/> Long (down back) <input type="checkbox"/> Very Long (waist+)	Complexion: <input type="checkbox"/> Dark <input type="checkbox"/> Medium <input type="checkbox"/> Fair <input type="checkbox"/> Light	Build: <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Muscular <input type="checkbox"/> Pot Belly	Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Other
Caution		Caution		Caution					
Hat / Hair Style		Hat / Hair Style		Hat / Hair Style					
Coat		Coat		Coat					
Shirt		Shirt		Shirt					
Pants		Pants		Pants					
Shoes		Shoes		Shoes					
Body Marks		Body Marks		Body Marks					
Missing Person Only <input type="checkbox"/> Missing Previously <input type="checkbox"/> Medication Required <input type="checkbox"/> Foul Play Suspected		Missing Person Only <input type="checkbox"/> Missing Previously <input type="checkbox"/> Medication Required <input type="checkbox"/> Foul Play Suspected		Missing Person Only <input type="checkbox"/> Missing Previously <input type="checkbox"/> Medication Required <input type="checkbox"/> Foul Play Suspected					
Recovery Only		Recovery Only		Recovery Only					
Recovered By		Recovered By		Recovered By					
Date/Time		Date/Time		Date/Time					
COMMUNICATIONS		Delivery Confirmation		Entry-Modification Confirmation					
Delivered By		Date/Time		Entered/Modified By					
Received By		Date/Time		SRN:					
				NIC:					
				Removal Confirmation					
				Authorization is given for deletion of item(s) listed from GCIC/NOIC. Valid only when signed by reporting officer or designee.					
				Authorized By					
				Date					
				Removed By					
				Date					

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Original Narrative requires ONLY initials above.

Revised 0900

On 10-22-09 I responded to a airplane crash near Lexington Road and the Ga 10 Loop. While enroute to the scene Central gave an update that the plane may be somewhere on Johnson Drive. I turned onto Johnson Drive from Barnett Shoals Road and immediately saw a crowd of people flagging me down. They began directing me to the back of 275 Johnson Drive.

The plane went down directly behind 265 Johnson Drive. There were people in the crash site attempting to provide first aid to the occupants of the plane. I ordered everyone away from the crash site back to Johnson Drive. I called for responding officers to begin roping off the area with crime scene tape.

EMS responded to the scene. EMS was unable to provide any first aid and pronounced both of the occupants dead.

I called for Forensics to respond to the scene to photograph the wreckage. Sgt. Bolinger with the Forensics Unit responded to the scene.

The FAA was contacted to respond to the scene. An agent with the FAA did respond to the scene.

I was relieved by other patrol units.

☐ SUPPLEMENTAL NARRATIVE ☐ Use Of Force ☐ Officer Assaulted Complete information below for Supplemental ONLY.

Reporting Officer	Emp. No.	Report Date	Approving Supervisor	Emp. No.
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ORIGINAL NARRATIVE

Supervisor

49

ORI - GA0290100

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Original Narrative requires ONLY initials above

Revised 0900

On 10/22/09, I responded to the Johnson Dr. area in reference to a plane crash. I identified some witness and spoke at length with one of them, Weegman Steed. Steed said that the plane that crashed had taken off closely behind another aircraft. Steed said that the plane was moving slower than he thought it should have been and was close to the ground. Steed said that the plane turned to its left as if it were returning to the airport when he saw it drastically lose altitude.

☒ SUPPLEMENTAL NARRATIVE ☐ Use Of Force ☐ Officer Assaulted Complete information below for Supplemental ONLY

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.

☐ ORIGINAL NARRATIVE

Supervisor

ORI - GA0290100

Revised 0900

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Original Narrative requires ONLY initials above

I responded to 265 Johnson Drive to relieve other units who were securing the scene. I arrived approximately 1500 hours. Myself and SPD Gilchrist were assigned to this detail.

During this time, the victims' personal belongings were turned over to us by the coroner. The belongings were inventoried and entered into evidence.

The Black pilot's Bag and its contents was turned over to DEC Cook to be transported to the airport.

☒ SUPPLEMENTAL NARRATIVE ☐ Use Of Force ☐ Officer Assaulted Complete information below for Supplemental ONLY

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.

887

102209

156